

FILED NOV 10 1950

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33366

State File No. ....

Registrar's No. ....

BIRTH NO. <u>14107-30</u>		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>4228</u>		State File No. ....		Registrar's No. <u>30</u>				
1. PLACE OF DEATH a. COUNTY <u>Howard</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>					c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow 0450</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION					d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>31</u> (Year) <u>1950</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Mar. 7, 1950</u>		9. AGE (In years last birthday) <u>7</u> Months <u>24</u> Days <u></u> Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Lloyd Howard Cason</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Belle White</u>			14. NAME OF HUSBAND OR WIFE <u>Infant</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Infant</u>			16. SOCIAL SECURITY NO. <u>Infant</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Laura Belle White</u> ADDRESS <u>Glasgow Mo.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Symptoms indicate progressive involvement. Autopsy shows 3X</u> DUE TO (c) <u>denied so basis of clinical symptoms; the tumor was believed to be malignant</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION						19b. MAJOR FINDINGS OF OPERATION <u>(Supp. report)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <u>May 1950</u> , to <u>Oct 31, 1950</u> , that I last saw the deceased alive on <u>Oct 31, 1950</u> , and that death occurred at <u>6:45 A.M.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>Sam E. Raint</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Glasgow Mo</u>			23c. DATE SIGNED <u>11-4-50</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>Nov. 2, 1950</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>			24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1950</u>			REGISTRAR'S SIGNATURE <u>Walker Audsley</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Wm. O. Audsley</u> ADDRESS <u>Siemouth Glasgow Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED** 11/9/50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 11/9/50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

Licensed Embalmer No. 3978

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.